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FROM: Barbara M. Hayashi

DATE: December 7, 2006

|                                     |   |                            |
|-------------------------------------|---|----------------------------|
| Number of pages<br>with cover page: | 5 | Our Reference 297912003410 |
|-------------------------------------|---|----------------------------|

Preparer of this slip has confirmed that facsimile number given is correct: 11487/BMH2

Comments:

Application No. 10/772,915

Attached: a) RCE Transmittal, b) Fee Transmittal (original and duplicate), c) Petition For Extension of Time.

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OC-314777

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PTO/SB/17 (01-06)

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|  |  |                          |                     |
|--|--|--------------------------|---------------------|
| <b>FEE TRANSMITTAL</b><br><b>For FY 2006</b>                                   |  | <b>Complete If Known</b> |                     |
|  |  | Application Number       | 10/772,915          |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | Filing Date              | February 5, 2004    |
|  |  | First Named Inventor     | Tim NIEMAN          |
|  |  | Examiner Name            | J. M. Wollschlaeger |
| TOTAL AMOUNT OF PAYMENT  |  | (\$)                     | 910.00              |
|  |  | Attorney Docket No.      | 297912003410        |

|  |   |
|--|---|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |   |
| <input type="checkbox"/> Check   | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order   | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify):  |   |
| <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                             |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17              | <input checked="" type="checkbox"/> Credit any overpayments                       |

|   |                     |   |                    |                      |                                  |                       |                       |
|---|---------------------|---|--------------------|----------------------|----------------------------------|-----------------------|-----------------------|
| <b>FEE CALCULATION</b> (All the fees below are due upon filing or may be subject to a surcharge.)   |                     |   |                    |                      |                                  |                       |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                    |                      |                                  |                       |                       |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b> |                      | <b>EXAMINATION FEES</b>          |                       |                       |
|   |                     | <b>Small Entity</b>                                     |                    | <b>Small Entity</b>  |                                  | <b>Small Entity</b>   |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>    | <b>Fee (\$)</b>      | <b>Fee (\$)</b>                  | <b>Fee (\$)</b>       | <b>Fees Paid (\$)</b> |
| Utility   | 300                 | 150   | 500                | 250                  | 200                              | 100                   |                       |
| Design  | 200                 | 100   | 100                | 50                   | 130                              | 65                    |                       |
| Plant   | 200                 | 100   | 300                | 150                  | 160                              | 80                    |                       |
| Reissue   | 300                 | 150   | 500                | 250                  | 600                              | 300                   |                       |
| Provisional   | 200                 | 100   | 0                  | 0                    | 0                                | 0                     |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                    |                      |                                  |                       |                       |
|   |                     |   |                    |                      |                                  | <b>Small Entity</b>   |                       |
| <b>Fee Description</b>  |                     |   |                    |                      |                                  | <b>Fee (\$)</b>       | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)   |                     |   |                    |                      |                                  | 50                    | 25                    |
| Each independent claim over 3 (including Reissues)  |                     |   |                    |                      |                                  | 200                   | 100                   |
| Multiple dependent claims   |                     |   |                    |                      |                                  | 360                   | 180                   |
| <b>Total Claims</b>   |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |                       |                       |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                    |                      | <b>Fee (\$)</b>                  |                       | <b>Fee Paid (\$)</b>  |
| <b>Indep. Claims</b>  |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> |                                  |                       |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                    |                      |                                  |                       |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                    |                      |                                  |                       |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                    |                      |                                  |                       |                       |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> |                    | <b>Fee (\$)</b>      | <b>Fee Paid (\$)</b>             |                       |                       |
| - 100 =   | /50                 | (round up to a whole number) x                          |                    |                      |                                  |                       |                       |
| <b>4. OTHER FEE(S)</b>  |                     |   |                    |                      |                                  |                       |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                    |                      |                                  | <b>Fees Paid (\$)</b> |                       |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...   |                     |   |                    |                      |                                  | 790.00                |                       |
| 1251 Extension for response within first month  |                     |   |                    |                      |                                  | 120.00                |                       |

|                     |               |                                   |                  |
|---------------------|---------------|-----------------------------------|------------------|
| <b>SUBMITTED BY</b> |               |                                   |                  |
| Signature           |               | Registration No. (Attorney/Agent) | 45,218           |
| Name (Print/Type)   | Todd W. Wight | Telephone                         | (949) 251-7189   |
|                     |               | Date                              | December 7, 2006 |

oc-321596